

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment**

**Guidance for Applicants (GFA) No. TI 01-005
Part I - Programmatic Guidance**

**Cooperative Agreement for Strengthening Comprehensive
Substance Abuse Treatment Systems for
Racial/Ethnic Minority Communities**

Short Title: Strengthening Minority Communities

Application Due Date: May 21, 2001

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and subject to the availability of funds

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[Note to Applicants: To prepare a complete application, PART II - “General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements” (February 1999), must be used in conjunction with this document, PART I - “Programmatic Guidance.”]

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of Fiscal Year 2001 funds for cooperative agreements to encourage minority communities to strengthen and enhance their substance abuse treatment system for adult racial/ethnic minority populations.

Approximately \$2.5 million will be available to fund 5 to 8 cooperative agreements. The average award is expected to range from \$300,000 to \$600,000 per year in total costs (direct and indirect). **Grants will be awarded for a period of up to three years.** Annual awards will be made subject to continued availability of funds to SAMHSA/CSAT and progress achieved by the grantee.

The goals of this program are to support communities in their development of systems linkages and infrastructure leading to organizational coalitions to improve the quality, effectiveness, and efficiency of services to/in minority communities and to reduce disparities in access to care.

SAMHSA/CSAT released "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan

Initiative" (NTP) on November 28, 2000. This program addresses three of the NTP strategies. NTP Strategy "No Wrong Door to Treatment" is addressed by allowing and encouraging persons to enter treatment via any means; NTP Strategy "Commit to Quality" is addressed by helping to promote best practices and sharing information in the treatment systems; and NTP Strategy "Build Partnerships" is addressed by supporting communities in their development of systems linkages and infrastructure leading to organizational coalitions and integrated service systems.

For additional information about the NTP and how to obtain a copy, see Appendix A.

Target Population

The target population is adults (age 18 years and older) from minority groups (e.g., Black or African American, Hispanic/Latino, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander) who need treatment for alcohol and drug problems.

Background

The CSAT Target Cities Program, which began in 1990, demonstrated that enhancing and linking programs together with management information systems (MIS) has a positive impact. It also identified the need for greater understanding of the relationship between the organization of services and treatment outcomes for racial/ethnic minority communities (SAMHSA/CSAT, 1995). The CSAT Criminal Justice Treatment Networks 5-year program that began in 1995 demonstrated the

importance of systems integration and the MIS in treating substance abusers from minority populations (Gampel, 2001). The CSAT Wrap Around Services Impact Study (1996-1998) reported positive outcomes for outpatient substance abuse treatment minority clients who received wrap around services (CSAT, 1999). The CMHS ACCESS Program demonstrated the effectiveness of systems integration on outcomes for homeless people from minority populations with mental illness (SAMHSA/CMHS, 1999).

The National Household Survey on Drug Abuse estimated that 2.8 million American adults were dependent on illicit drugs in 1999, and an estimated 7.4 million adults reported that they were dependent on alcohol (SAMHSA/OAS, 2000).

In terms of demographic characteristics of the adult population, persons of multiple race had the highest illicit drug/alcohol dependence rate (10%), followed by American Indians/Alaskan Natives (9%); black, white, and Hispanic (about 5%) each; and Asians (about 3%) (SAMHSA/OAS, 2000). Data collected by the States indicate that certain racial and ethnic groups have historically been under-represented in client populations and among substance abuse providers which has produced disparities in access to care. In addition, many of the services received by minority populations, are not provided within a relevant cultural and gender-sensitive context (SAMHSA, 2000). Thus, there is a need for comprehensive, integrated, and culturally relevant treatment services for, and in, minority communities in the United States.

Who Can Apply

Public and domestic private non-profit entities can apply. For example, the following are eligible to apply.

- States
- Tribal or local governments
- Community-based organizations
- Faith-based organizations

The applicant agency and all direct providers of substance abuse treatment services involved in the proposed system of care, must be in compliance with all local, city, county and/or State licensing and/or accreditation/ certification requirements.

Licensure/accreditation/certification documentation (or documentation supporting why the local/State government does not require licensure/accreditation/ certification) must be provided in **Appendix 1** of your application.

The applicant agency, if providing substance abuse treatment services directly, and any direct providers of substance abuse treatment services involved in the proposed system of care, must have been providing substance abuse treatment services for a minimum of two years prior to the date of this application. A list of the substance abuse treatment providers and two-year experience documentation must also be provided in **Appendix 1** of your application.

SAMHSA believes that only existing, experienced providers have the infrastructure and expertise to provide services and to address emerging and unmet needs as quickly as possible.

Applications will be screened by SAMHSA prior to review. Applications that do not meet eligibility requirements will not be reviewed.

Applicant Characteristics

SAMHSA/CSAT is interested in applications submitted by organizations that:

1. Demonstrate an awareness of the need for minority substance abuse services.
2. Have agreements (as demonstrated by memoranda of agreement, letters of support, etc.) from key agencies (substance abuse and mental health treatment systems, health care entities, justice, etc.) to participate in this program.
3. Demonstrate an understanding of the prevalence of alcohol and drug problems among minority populations.
4. Possess an adequate infrastructure of treatment options on which to build a coordinated and systematic approach to adult substance abuse treatment within the constraints of the funding provided.
5. Have preliminary plans as to how to continue and sustain expanded systems integration as well as treatment services at the end of the period of federal funding.

Application Kit

Application kits have several parts. The grant announcement (GFA) has 2 parts. Part I is individually tailored for each GFA. **This document is Part I.** Part II has general policies and procedures that apply to **all** SAMHSA grants and cooperative agreements. You will need to use both Parts I and II for your application.

The kit also includes the blank forms (SF-424 and PHS-5161) you will need to submit your application.

To get a complete application kit, including Parts I and II, you can:

- C Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- C Download from the SAMHSA Website at www.SAMHSA.gov

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

*Change the zip code to 20817 if you use

express mail or courier service.

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type:
TI 01-005 - Strengthening Minority
Communities in Item Number 10 on the
face page of the application form.
3. If you require a phone number for
delivery, you may use 301-435-0715.

Application Dates

Send your application in by May 21, 2001.

Applications received after May 21, 2001 will only be accepted if they have a proof-of-mailing date from the carrier no later than May 14, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

SAMHSA/CSAT anticipates making awards by September 30, 2001.

How to Get Help

For questions on program issues, contact:

Ali Manwar, Ph.D.
CSAT/SAMHSA
Rockwall II, 7th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-0816
E-Mail: amanwar@samhsa.gov

For questions on grant management issues,

contact:

Kathleen Sample
Division of Grants Management
OPS/SAMHSA
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9667
E-Mail: ksample@samhsa.gov

Cooperative Agreements

Awards are being made as cooperative agreements because the complexity of the program requires substantial involvement of Federal staff.

Role of Grantee

By accepting the cooperative agreement award, the grantee agrees to participate in and cooperate fully with CSAT staff, its representative contractor(s) and other grantees in the implementation and evaluation of the program. The grantee will:

- Comply with all aspects of the terms and conditions of the cooperative agreement.
- Adhere to SAMHSA's need for information related to the Government Performance and Results Act (GPRA).
- Cooperate with CSAT staff and representative contractor(s) in accepting guidance and responding to requests for information and data relevant to the program.
- Participate on working groups established to facilitate accomplishment of the project goals.

- Author or co-author publications to make results of the projects available to the field.

Role of Federal Staff

The cooperative agreement mechanism includes substantial post-award Federal programmatic participation by CSAT staff in the conduct of the project. It is the responsibility of the CSAT project officer to monitor the overall progress of the program. The CSAT project officer will:

- Provide technical assistance to grantees in implementing project activities throughout the course of a project.
- Review and approve each stage of project activities.
- Provide guidance on project design and components of project.
- Participate on project related work groups and meetings.
- Conduct periodic site visits to monitor the development and implementation of programmatic activities and/or engage consultants to advise on programmatic issues and conduct site visits.
- Provide support services or outside consultants for training, evaluation, and data collection activities.
- Author or co-author publications to disseminate program findings.
- Provide technical assistance on strategies to enhance the dissemination and application of project findings.

Developing Your Grant Application

Applicants are required to demonstrate familiarity with state of the art practices in the areas of identification and treatment for minorities with substance abuse problems.

The following activities are required in the project:

- Develop linkages and networking throughout the community among referral and treatment sources (including educational, vocational, social services, primary care, mental health, substance abuse) to facilitate identification, assessment, referral, and treatment of minority adults with substance abuse problems. This would include referring those users for whom brief interventions would be effective and referring those who require more intensive treatment to the specialty treatment system.
- Build on to your existing management information system (MIS) or utilize and become a partner of the WEB-based MIS being created by CSAT for this program to facilitate the identification, referral, assessment, treatment, and tracking of adult minority populations through the continuum of care.
- Create networks to ease drug dependent persons' access to services throughout the community.
- Develop, to the extent possible, comprehensive treatment units that provide a variety of treatment interventions under one roof.

The following activities are optional in the project:

- Provide detoxification plus treatment programs to detox patients

economically and effectively and ensure their immediate entry to treatment.

- Develop and implement outreach activities that will educate the community (e.g., family members, primary care physicians, the faith community), leading to earlier substance abuse identification and referral.
- Increase substance abuse treatment services where gaps exist to provide immediate entry to treatment.

Applicants should describe how the proposed project will be embedded within a comprehensive, integrated, creative and community-based response. Examples of components include, but are not limited to:

- community focused educational and preventive efforts
- faith based organizational support
- health education and risk reduction information
- access and referrals to STD and TB testing
- primary care
- mental health services
- criminal justice system

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as judged by a peer review committee.

2. Concurrence of the National Advisory Council
3. Availability of funds
4. Distribution of awards in terms of:
 - geography including rural/urban areas
5. Evidence of non-supplantation of funds

Reporting/Evaluation Requirements

The Government Performance and Results Act (GPRA) mandates increased accountability and performance-based management by Federal agencies. This has resulted in greater focus on results or outcomes in evaluating effectiveness of Federal activities, and in measuring progress toward achieving national goals and objectives.

Grantees are expected to comply with GPRA including, but not limited to, the collection of SAMHSA Core Client Outcomes. Applicants should state the procedures that they will put in place to ensure compliance with GPRA and the collection of CSAT GPRA Core Client Outcomes (see Appendix C). For a detailed description of CSAT's GPRA Strategy, see Appendix B.

CSAT GPRA requirements include data collection about service recipients at baseline/intake, six months after intake, and 12 months after intake. Grantees are expected to collect six and 12 month data on a minimum of 70% of all clients in the intake sample.

CSAT's GPRA standard outcome requirements are:

Adults: Percent of service recipients employed; permanently housed in community; with no/reduced involvement with criminal justice system; with no/reduced alcohol or illegal drug consequences; and with no past month substance abuse.

Applicants must demonstrate how their evaluation will demonstrate effectiveness of proposed interventions in achieving GPRA requirements. Applicants must clearly state when, because of the target population to be served or the type of services to be provided, one or more GPRA goal is inappropriate and will not be addressed.

Local Evaluation

The purpose of the local evaluation is to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation must include, but should not be limited to, GPRA requirements. Because different programs will differ in their target populations, services, systems linkages, and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are NOT required. The evaluation plan should include four major components:

6. **Implementation Fidelity**
Addressing issues such as:
 - < How closely did implementation match the plan?
 - < What types of deviation from the plan occurred?

- < What led to the deviations?
- < What impact did the deviations have on planned intervention and evaluation?

- **Process**

Addressing issues such as:

- < Who provided services (program and staff)?
- < What services (modality, type, intensity, duration) were provided?
- < To whom (client characteristics) were services provided?
- < In what context (system, community, political climate) were these provided?
- < What was the cost (facilities, personnel dollars)?

- **Outcome**

Addressing issues such as:

- < What was the effect of treatment on service participants?
- < What program/contextual factors were associated with outcomes?
- < What client factors were associated with outcomes?
- < How durable were the effects?

- **GPRA Requirements** (see Appendices B and C).

Longitudinal client level data to be gathered at the local evaluation should meet the same follow-up rate standard (minimum of 70%) required for GPRA.

Further, the evaluation plan and instruments should be appropriate for the racial/ethnic/cultural groups, gender, and ages of the target population. It also should include the integrated use of quantitative and qualitative data.

In tracking outcomes, the evaluation plan must address the following:

1. Treatment Effectiveness, including indicators for:

- health status (physical and mental health)
- self-sufficiency including employment, legal income, and public assistance status
- social support and functioning, including family and social relationships, living arrangements, and legal status
- alcohol and drug use

2. Treatment Efficiency, including:

- identification
- engagement
- utilization
- retention
- completion rates

Applicants may obtain free downloads of a variety of evaluation tools, developed by CSAT, that may be useful in developing an evaluation from:

<<http://neds.calib.com>>

The evaluation plan must describe the approaches that will be used to collect and report these data to SAMHSA as part of the annual progress report. Data collection points

will be at baseline/intake, 6-months, and 12-months follow-up (see Appendices B and C).

Applicants must agree to participate in all technical assistance and training activities designed to support this initiative and must budget for collection and provision of required data and participation in the GPRA evaluation in addition to their local evaluation. CSAT will provide grantees with GPRA reporting formats that specify the minimum information required.

Post Award Support and Requirements

Post award support will be provided to grantees through the provision of clinical and programmatic technical assistance, assistance with data collection, reporting, analysis and publication, and assistance with evaluating the impact of expanded and new activities/services.

CSAT will provide examples of one or more Management Information Systems (MIS) that can be modified and ported into the community for data collection, tracking, and management of the project. Applicants should set aside between \$100,000 and \$200,000 in the first year for MIS development/adoption. One or more web-enabled systems will be demonstrated that can be modified for local use, in line with the dollars available in this cooperative agreement. If a community decides to augment an existing MIS or build a new MIS, then they must show how this can be done within the existing budget and still meet the required objectives.

Grantees will be required to attend (and, thus must budget for) two technical assistance or

workshop meetings (2-2 ½ days) in each year of the grant. A minimum of two persons (Program Director and Program Evaluator) are expected to attend. These meetings will be held in the Baltimore/ Washington, DC, metropolitan area.

Grantees will be responsible for ensuring that all direct providers of services involved in the proposed system are in compliance with all local, city, county, and/or State licensing, certification, or accreditation requirements.

Detailed Information on What to Include in Your Application

In order for your application to be complete and eligible, it must include the following in the order listed. Check off areas as you complete them for your application.

- ☐ **1. FACE PAGE**
Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.
- ☐ **2. ABSTRACT**
Your total abstract may not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.
- ☐ **3. TABLE OF CONTENTS**
Include page numbers for each of the major sections of your application and

for each appendix.



4. BUDGET FORM

Standard Form 424A. See Appendix B in Part II for instructions.

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5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION

The project narrative is made up of Sections A through D. More detailed information regarding A-D follows #10 of this checklist. Sections A-D may not be longer than 25 pages.

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Section A - Project Narrative:
Project Description/Justification of Need

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Section B - Project Narrative:
Project Plan

—

Section C - Project Narrative:
Evaluation/Methodology

—

Section D - Project Narrative:
*Project Management:
Implementation Plan, Organization,
Staff, Equipment/Facilities, and
Other Support*

The supporting documentation for your application is made up of the following sections E through H. There are no page limits for the Supporting Documentation sections, except for Section G, the Biographical Sketches/Job Descriptions.

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Section E- Supporting Documentation:

Literature citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

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Section F - Supporting Documentation:

Itemized description of expenditures, existing resources, other support

Follow instructions in Appendix B, Part II. Fill out sections B, C, and E of the Standard Form 424A.

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Section G - Supporting Documentation:

Biographical sketches and job descriptions

- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than 2 pages. If the person has not been hired, but has been identified, include a letter of commitment and sketch of the individual.
- Include job descriptions for key personnel. They should not be longer than 1 page.

[Note: Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.]

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Section H - Supporting Documentation:

Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

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6. APPENDICES 1 THROUGH 6

- Use only the appendices listed below.

- Don't use appendices to extend or replace any of the sections of the Program Narrative.
- Don't use more than 30 pages (plus all instruments) for the appendices.

Appendix 1:

List of substance abuse treatment providers and certification of experience/licensure/accreditation

Appendix 2:

Letters of Coordination/Support

Appendix 3:

Non-supplantation of Funds Letter

Appendix 4:

Letters to Single State Agencies

Appendix 5:

Data Collection Instruments/Interview Protocols

Appendix 6:

Sample Consent Forms

- ' **7. ASSURANCES**
Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.
- ' **8. CERTIFICATIONS**
- ' **9. DISCLOSURE OF LOBBYING ACTIVITIES**
See Part II for lobbying prohibitions.
- ' **10. CHECKLIST**
See Appendix C in Part II for instructions.

Project Narrative– Sections A Through D Highlighted

Your application consists of addressing sections A through H. **Sections A through D, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through D.

- T Sections A through D may not be longer than 25 pages.
- T A peer review committee will assign a point value to your application based on how well you address these sections.
- T In the description below, the number of points after each section heading shows the maximum points a review committee may assign. For example, a perfect score for Section A will result in a rating of 30 points.
- T Reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Section A: Project Description and Justification of Need (30 points)

- ☐ Describe the nature of the problem and

extent of the need for a comprehensive and integrated system of care. Use a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data including State Needs Assessments, and/or through national data including National Household Survey on Drug Abuse (NHSDA), the Drug Abuse Warning Network (DAWN), the Drug and Alcohol Services Information System (DASIS), or the Treatment Episode Data Set (TEDS).

- ❑ Define the (minority) target population and provide justification for any exclusions under SAMHSA's Population Inclusion Requirement (see Part II).
- ❑ Document the inability to respond to the need with existing treatment resources.

Section B:

Project Plan (30 points)

- ' State the purpose of the proposed project.
- ' Describe how achievement of goals will support meaningful and relevant results that coordinate and improve services and reduce disparities in access to care.
- ' Describe the development of linkages and networking throughout the community among referral and treatment sources to facilitate identification, assessment, referral, and treatment of minority adults with substance abuse problems. Include all providers to be involved and how assessment and referral will be coordinated, and treatment integrated or linked.
- ' Describe how information will be coordinated and tracked through the treatment process.
- ' Indicate if you propose to be a participant of the WEB-based MIS being created by CSAT, and will adhere to all data requirements.
- ' If and ONLY if, the applicant proposes a Management Information System (MIS) other than adoption of the CSAT system, then provide specific details on current and proposed MIS and their compatibility for communication across sites and agencies, along with a timetable and budget for implementation.
- ' Describe how networks will be created to ease drug dependent persons' access to services.
- ' Describe, to the extent possible, how the applicant will develop comprehensive treatment units that provide a variety of treatment interventions under one roof. If the applicant already has a comprehensive treatment unit, show how this unit will be improved.
- ' Describe how the proposed project will be embedded within a comprehensive,

integrated, creative, and community-based response to substance abuse problems. This should include what roles other community organizations will have in the overall, coordinated effort.

groups, universities, clinics, and other federally funded projects. Identify those organizations that have agreed to a particular level of collaboration/support, and provide a plan for bringing other key services/organizations into the project.

- ' Provide letters of support/ memoranda of agreement (outlining services to be provided, level and intensity of resources committed) from participating and coordinating organizations in Appendix 2.
- ' For all services to be provided in the community continuum of care, document that they demonstrate best practices based on research and clinical literature or successful outcomes based on local outcome data. This explanation should include data on current capacity, average length of treatment, retention rates, and outcomes.
- ' Show how the treatment component will handle age, race/ethnicity, cultural, language, sexual orientation, disability, literacy and gender issues for the target population.
- ' Describe applicant's infrastructure of treatment options on which to build a coordinated and systematic approach to adult substance abuse treatment within the constraints of funding provided.
- ' Discuss linkages/collaborations with other organizations including non-profit

Section C:
Evaluation/Methodology (20 points)

- ' Provide quantitative goals and objectives for the treatment services on the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved.
- ' Describe how the targeted population will be identified, recruited into treatment, and retained in treatment. A description of current referral arrangements and proposed reforms to these arrangements should be included in the narrative.
- ' Present a plan for collecting, analyzing, and reporting progress in meeting goals and objectives. This should include a description of the community's existing approach to collecting client, service use, and outcome data and how that will be modified to meet the requirements described in this GFA.
- ' Describe the local evaluation plan per the major components in the "Reporting/Evaluation Requirements" section of this document. This must include: implementation fidelity, process evaluation, outcome evaluation, and

GPRA.

- ' Describe how adherence/fidelity to implementation of the system linkages will be achieved, and how results will be assessed.
- ' Document the appropriateness of the proposed outcome measures for the target population. This must include treatment effectiveness and treatment efficiency. This should address not only traditional reliability and validity but also sensitivity to age, race/ethnicity, cultural, language, sexual orientation, disability, literacy, and gender characteristics of the target population.
- ' Describe strategies for data management, data processing, quality control and data retention. These strategies must include the MIS.
- ' Describe plans for reporting and disseminating the project's findings as well as improving the services and the integrated/linked systems.
- ' Describe plans to comply with GPRA requirements, including the collection of CSAT's GPRA Core Client Outcomes, and tracking and follow-up procedures to meet the 70% follow-up standard.

Section D:

Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (20 points)

- ' Present a realistic management plan for the project that describes the organizations that will be involved in the project; present their roles in the project; and address their relevant experience.
- ' Describe or provide a time-line for implementing the project.
- ' Discuss the capability and experience of the applicant organization with similar projects and populations.
- ' Provide a staffing plan, including the level of effort and qualifications of the Project Director and other key personnel.
- ' Provide an organizational chart exhibiting the staff positions related to the project and their relationships to each other.
- ' Describe the resources available (e.g., facilities, equipment), and provide evidence that services will be provided in a location/facility that is adequate and accessible and that the environment is conducive to the target population.
- ' Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population.
- ' Provide evidence that the proposed staff have requisite training, experience, and sensitivity to provide treatment/services to Black/African

American, Hispanic/Latino, American Indian/Alaskan Native, Asian, or Native Hawaiian/Other Pacific Islander populations.

- ' Provide evidence that required resources not included in this Federal budget request are adequate and accessible.
- ' Provide a plan to secure resources or obtain support to continue and sustain expanded systems integration and treatment services after the grant project period has ended.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and participant protection in your supporting documentation. (Note: Part II provides additional information re confidentiality.) There are no page limitations, and no points will be assigned to this section.

This information will:

- T Reveal if the protection of participants is adequate or if more protection is needed.
- T Be considered when making funding

decisions.

Some projects may expose people to risks in many different ways. In this section of your support documentation you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

1. **Protect Clients and Staff from Potential Risks:**

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- Give plans to provide help if there are adverse effects to participants, if needed in the project.
- Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- Offer reasons if you do not decide to use other beneficial treatments.

2. **Fair Selection of Participants:**

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, or other special population groups.
- Explain the reasons for including/excluding special types of participants, such as pregnant teens, institutionalized youth, mentally or physically disabled youth, incarcerated youth, or others who are likely to be vulnerable.
- Explain how you will recruit and select participants. Identify who will select participants.

3. **Absence of Coercion:**

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring youth to participate in a program..
- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

4. **Data Collection:**

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will

you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in Appendix No. 5, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5. **Privacy and Confidentiality:**

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. **Adequate Consent Procedures:**

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
 - If their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Risks from the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth in general, and youth and/or guardians with limited reading skills, and youth and/or guardians who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include sample consent forms in your Appendix 6, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or

- its agents from liability for negligence.
- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. **Risk/Benefit Discussion:**

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in Part II in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010 (The Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse).
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Supplantation of Existing Funds (include documentation in Appendix 3)
- Letter of Intent
- Single State Agency Coordination

(include documentation in Appendix 4)

- Intergovernmental Review
- Public Health System Reporting Requirements
- Confidentiality/SAMHSA Participant Protection

APPENDIX A

Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative

The Substance Abuse and Mental Health Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation" over the past year. The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site—www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

APPENDIX B

CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law 103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President’s Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or “as needed” to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established. ¹
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

¹GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent

completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these “end” outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs “PROGRAMS” FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or “programmatic goals” for GPRA reporting purposes:

- ! Goal 1: Assure services availability;
- ! Goal 2: Meet unmet and emerging needs;
- ! Goal 3: Bridge the gap between research and practice; and
- ! Goal 4: Enhance service system performance²

The following table provides the crosswalk between the budget/statutory authorities and the “programs”:

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development

KA - Knowledge Application

SAPTBG - Substance Abuse Prevention and Treatment Block Grant

TCE - Targeted Capacity Expansion

²Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.³ In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)
- Increase % of adults receiving services who:
 - (a) were currently employed or engaged in productive activities;
 - (b) had a permanent place to live in the community;
 - (c) had no/reduced involvement with the criminal justice system.
- Percent decrease in
 - (a) Alcohol use;
 - (b) Marijuana use;
 - (c) Cocaine use;
 - (d) Amphetamine use
 - (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

³Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvement.

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- ! Were identified needs met?
- ! Was service availability improved?
- ! Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- ! Percent of adults receiving services increased who:
 - a) were currently employed or engaged in productive activities
 - b) had a permanent place to live in the community
 - c) had reduced involvement with the criminal justice system
 - d) had no past month use of illegal drugs or misuse of prescription drugs
 - e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs
- ! Percent of children/adolescents under age 18 receiving services who:
 - a) were attending school
 - b) were residing in a stable living environment
 - c) had no involvement in the juvenile justice system
 - d) had no past month use of alcohol or illegal drugs
 - e) experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This “program” or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT’s portfolio in this area currently includes multi-site grant and

cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- ! Knowledge was developed; and
- ! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or “field reviewers”, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).⁴ In addition, input on other topics (such as what additional work in the area may be needed, substantive and “KD process” lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This “program” involves promoting the adoption of best practices and is synonymous currently with

⁴The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

Knowledge Application.⁵ Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving “best practices,” as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a “best practice.”⁶ In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from “Promote the adoption of best practices” primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on “systems” rather than more broadly on “services.” The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of “Promoting the adoption of best practices.”

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or

⁵Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see “Enhance Service System Performance,” below).

⁶Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to “real” management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

APPENDIX C

Form Approved

OMB No. 0930-0208

Expiration Date 10/31/2002

CSAT GPRA Client Outcome Measures for Discretionary Programs

A. RECORD MANAGEMENT

Client ID | | | | | | | | | | | |

Contract/Grant ID | | | | | | | | | | | |

Grant Year | | |
Year

Interview Date | | | | / | | | | / | | | |

Interview Type 1. INTAKE 2. 6 months Follow-up 3. 1 yr follow-up

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: Number of Days

- | | |
|--|--|
| a. Any Alcohol | |
| b. Alcohol to intoxication (5+drinks in one setting) | |
| c. Other illegal drugs | |

2. During the past 30 days, how many days have you used any of the following: Number of Days

- | | |
|--|--|
| a. Cocaine/Crack | |
| b. Marijuana/Hashish, Pot | |
| c. Heroin or other opiates | |
| d. Non prescription methadone | |
| e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline | |
| f. Methamphetamine or other amphetamines, Uppers | |

- g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics |____|____|
- h. Inhalants, poppers, rush, whippets |____|____|
- i. Other illegal Drugs - Specify_____ |____|____|

C. FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time?**
 - ☐ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
 - ☐ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
 - ☐ Institution (hospital., nursing home, jail/prison)
 - ☐ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)
2. **During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?**
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
3. **During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?**
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
4. **During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?**
 - ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ☐ Not enrolled
☐ Enrolled, full time
☐ Enrolled, part time
☐ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

____|____| level in years

- 2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

- ☐ Yes
 ☐ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ☐ Employed full time (35+ hours per week, or would have been)
☐ Employed part time
☐ Unemployed, looking for work
☐ Unemployed, disabled
☐ Unemployed, Volunteer work
☐ Unemployed, Retired
☐ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

		INCOME							
a. Wages	\$	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	,	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	.00
b. Public assistance	\$	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	,	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	.00
c. Retirement	\$	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	,	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	.00
d. Disability	\$	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	,	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	.00
e. Non-legal income	\$	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	,	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	.00
f. Other _____ (Specify)	\$	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	,	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |__|__| times
2. In the past 30 days, how many times have you been arrested for drug-related offenses? |__|__| times
3. In the past 30 days, how many nights have you spent in jail/prison? |__|__| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:

- | | No | Yes ± | If yes, altogether
for how many nights
(DK=98) |
|--------------------------------------|-----------------------|-----------------------|--|
| i. Physical complaint | <input type="radio"/> | <input type="radio"/> | _____ |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____ |
| iii. Alcohol or substance abuse | <input type="radio"/> | <input type="radio"/> | _____ |

b. Outpatient Treatment for:

- | | No | Yes ± | If yes, altogether
how many times
(DK=98) |
|--------------------------------------|-----------------------|-----------------------|---|
| i. Physical complaint | <input type="radio"/> | <input type="radio"/> | _____ |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____ |
| iii. Alcohol or substance abuse | <input type="radio"/> | <input type="radio"/> | _____ |

c. Emergency Room Treatment for:

- | | No | Yes ± | If yes, altogether
for how many times
(DK=98) |
|--------------------------------------|-----------------------|-----------------------|---|
| i. Physical complaint | <input type="radio"/> | <input type="radio"/> | _____ |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____ |

iii. Alcohol or substance abuse

o o _____

H. DEMOGRAPHICS

Gender

- ☐ Male
- ☐ Female
- ☐ Other (please specify) _____

2. Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

3. What is your race?

- ☐ Black or African American
- ☐ Asian
- ☐ American Indian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Alaska Native
- ☐ White
- ☐ Other (Specify) _____

4. What is your date of birth?

|_|_|_|_| / |_|_|_|_| / |_|_|_|_|
Month / Day / Year

APPENDIX D

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